PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

				1)-2/3-2885			
INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	form should be used correspondence includi ed below or directed ot tions.	for transmitting the ISS ng the Patent, advance of herwise in Block 1, by (UE FEE and PUBLICAT rders and notification of a a) specifying a new corre	ION FEE (if requirements fees of spondence address	ired). E will be ; and/or	Blocks I through 5 s mailed to the current (b) indicating a sep	should be completed where t correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for may change of address) Note: A certificate of mailing can only be used for domestic mail Fee(s) Transmittal. This certificate cannot be used for any other as a papers. Each additional paper, such as an assignment of formal dr							
53437	7590 04/01/2009 have its own certificate of mailing or transmission.						
ROBERT M. S P.O. BOX 2214 HOLLYWOOD			l he Stat add	Certificate of Mailing or Transmission hereby certify that this Fee(s) Transmittal is being deposited with the United states Postal Service with sufficient postage for first class mail in an envelope ddressed to the Mail Stop ISSUE FEE address above, or being facsimile ransmitted to the USPTO (571) 273-2885, on the date indicated below.			
HOLL I WOOD	, FL 33022		tran	smitted to the USP	TO (57	1) 273-2885, on the o	
			-				(Depositor's name)
			-				(Signature)
L PRI IO L MOVI VIO					_		(0.1.7)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTOR		RNEY DOCKET NO.	CONFIRMATION NO.
09/941,682 08/30/2001 TITLE OF INVENTION: PRESCRIPTION MANAGEMENT SYSTEM			Christian Mayaud 47777-0009			47777-0009	9565
		0					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	07/01/2009
EXAMINER ART UNIT			CLASS-SUBCLASS]			
PORTER, RACHEL L 3626			705-003000				
I. Change of correspondence address or indication of "Fee Address" (37 CER 1.363) Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent automoty or agents OR, alternatively. (2) the name of a single firm (having as a member a 2 registered patent automoty or agents. If no name is listed, no name will be printed.				
PLEASE NOTE: Unificondation as set fort (A) NAME OF ASSIG	ess an assignee is ident h in 37 CFR 3.11. Com GNEE	tified below, no assigned pletion of this form is NC	(B) RESIDENCE: (CITY	atent. If an assigr assignment. ' and STATE OR (COUNT	RY)	document has been filed for
Please check the appropr	iate assignee category of	r categories (will not be p	rinted on the patent):	Individual L C	orporati	on or other private gr	oup entity Government
4a. The following fee(s)	arc submitted:	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.					
	lo small entity discount	Payment by credit card. Form PTO-2038 is attached.					
Advance Order -		The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number(enclose an extra copy of this form).					
	s SMALL ENTITY stat	us. See 37 CFR 1.27.	☐ b. Applicant is no lon				
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if rec records of the United St	quired) will not be accepte ates Patent and Trademark	ed from anyone other than t k Office.	he applicant; a reg	istered a	attorney or agent; or t	he assignee or other party in
Authorized Signature	LINK !		Date	5/8	29/2009	·	
Typed or printed nam). Barman		Registration l		47, 225	•
This collection of inform an application. Confiden submitting the complete this form and/or suggest Box 1450. Alexandria.	sation is required by 37 (tiality is governed by 3: d application form to the ions for reducing this but /irginia 22313-1450. De-	CFR 1.311. The informati 5 U.S.C. 122 and 37 CFR to USPTO. Time will varurden, should be sent to the O NOT SEND FEES OR	on is required to obtain or 1.14. This collection is es y depending upon the indi- he Chief Information Offic COMPLETED FORMS T	retain a benefit by timated to take 12 vidual case. Any c er, U.S. Patent and O THIS ADDRES	the publ minutes omment Traden S. SEN	lic which is to file (an to complete, includi s on the amount of to nark Office, U.S. Dep D TO: Commissioner	nd by the USPTO to process) ing gathering, preparing, and time you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.